APPLICATION FOR TRAVELING EXHIBIT (T.I.E.S.)

Reservations are processed on a first-come, first-served basis. Please allow a minimum of two weeks lead time. If you are requesting commercial shipment, the shipper will return to pick up the exhibit at the end of your use period upon request of our agency. Be sure to fill out and send your request to the T.I.E.S. Program, Museum and Education Division, SHSND, 612 East Boulevard Avenue, Bismarck, ND 58505-0830. Keep a file copy of your request. Call (701) 328-2794 with questions. Make checks payable to the State Historical Society of North Dakota.

Name of Organization Contact Person					
Mailing Address		_ City	State	Zip	
Home Telephone	Business Telephon	ne	_		
Exhibit Requested					
Dates: 1st Choice – From	To	2nd Choice — I	From	То	
Signature of Contact Person					
This exhibit will be shown at t	he following facili	ty:			
Street address is required as this will also b	e used for shipping. Pleas	se no P.O. box.			
Name	Address	Address			
City	State Zip_	Estim	Estimated community visitation		
The area or room in which the exhibit (Dimensions, lighting, wall space, etc.)		ibed as follows:			
The exhibit will be monitored for security of the T.I.E.S. exhibits may be properties.			age Center or be	e shipped to you.	
Which option do you desire?					
PICKUP OPTION — \$25		SHIPPING OPT	ION — \$150		
☐ Exhibit will be picked up from and the Heritage Center by exhibit red		☐ Exhibit will be commercial shi	shipped both ways v pper.	via .	
☐ Payment of \$25 (user fee) per exhi	.bit is enclosed.*	(\$25 user fee ar	50 per exhibit is encl and \$125 shipping fee cost for out-of-state i	e-	
*F • T.I.E.S. are not loaned to i	Full payment must be rece ndividuals. • Exhibit rec		_	ged panels.	
		*			
☐ Please send me information about	the State Historical So	ociety Foundation's me	mbership program.		
This application, as well as inform kota, can be found at http://www.hist		ional programs from th	ne State Historical S	ociety of North Da-	